

For Reference

NOT TO BE TAKEN FROM THIS ROOM

Ex LIBRIS
UNIVERSITATIS
ALBERTAENSIS





Digitized by the Internet Archive
in 2020 with funding from
University of Alberta Libraries

<https://archive.org/details/Knight1971>

THE UNIVERSITY OF ALBERTA

IMPACT OF HOSPITAL RELOCATION FROM CITY CENTRE TO
SUBURB UPON EMPLOYEE TURNOVER

by



GEORGE ARTHUR KNIGHT

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE
OF MASTER OF BUSINESS ADMINISTRATION

FACULTY OF BUSINESS ADMINISTRATION AND COMMERCE

EDMONTON, ALBERTA

FALL, 1971

Thesis
1971 F
139

THE UNIVERSITY OF ALBERTA
FACULTY OF GRADUATE STUDIES

The undersigned certify that they have read, and
recommend to the Faculty of Graduate Studies for acceptance,
a thesis entitled Impact of Hospital Relocation from City
Centre to Suburb upon Employee Turnover submitted by
George Arthur Knight in partial fulfillment of the requirements
for the degree of Master of Business Administration.

ABSTRACT

The study examined the impact on employees of the relocation of the Misericordia Hospital from the city centre to a suburban area. Mailed questionnaires were used to obtain information regarding demographic and job-related variables. Differences with respect to the above variables were examined for employees whose decision to quit was affected by relocation and those who stayed. Among employees who stayed, differences between those who moved closer to the new hospital and those who did not move were analyzed on the same basis.

When the employees who quit because of relocation were compared to those who stayed, they were found to be very similar on the demographic and job-related variables examined. No significant differences were found between the samples in regards to sex, age, marital status, education, length of employment and job satisfaction. The only variable on which the samples differed significantly was difficulty of travel.

Differences for those who quit for reasons other than relocation and those who stayed were also examined.

No significant differences were found with respect to sex, marital status, education and increase in travel difficulty. Those who quit were, however, found to be significantly younger, employed for a shorter period of time and less satisfied with their jobs. The findings indicate that those who quit for reasons other than relocation would have been lost to the hospital regardless of relocation. However, it appears likely that if greater assistance had been offered, turnover could have been reduced among those who quit because of relocation.

An examination of differences between those who moved their residence closer to the hospital and those who didn't move indicated that those who chose to move were younger, more likely to be single, lived significantly closer to the old hospital and faced considerably greater increases in travel difficulty as a result of the relocation. The two groups did not differ significantly with respect to sex, education or length of employment. Although accommodation close to the new hospital was reported to be too expensive, the availability of suitable accommodation in the area did not appear to be a significant factor in the decision to move.

ACKNOWLEDGEMENTS

I would like to thank Dr. J. D. Muir and members of my committee, Dr. Dallas Cullen and Dr. C. Hobart for their support and guidance in this project. Dr. Cullen's valuable assistance in the later stages was particularly appreciated. Thanks are also extended to the Misericordia Hospital, particularly Mr. R. Heise and other members of the Personnel Department, whose co-operation made the study possible.

I would particularly like to thank my wife, Donna, for her assistance in consultation and proof-reading during the entire period this study was being completed. Without her patience and assistance, this project would be far from complete at the present time.

Dave Allan's assistance with the statistics and computer work was much appreciated.

Finally, I would also like to thank Mrs. Laura Zornes for her co-operation in typing this thesis.

TABLE OF CONTENTS

CHAPTER		Page
I.	INTRODUCTION	1
	Background	1
	Review of the Literature	5
	The Present Study	10
II.	METHODOLOGY	15
	Subjects	15
	Questionnaire	18
III.	VALIDITY OF THE RETURNS	20
	Age	20
	Sex	22
	Marital Status	25
	Occupation	25
	Length of Employment	30
	Summary	31
IV.	RESULTS AND INTERPRETATION: THE DECISION TO QUIT	33
	Age Distribution	34
	Marital Status	36
	Educational Level	38
	Length of Employment	39
	Job Satisfaction	40
	Difficulty of Travel	43
	Importance of the Job	47
	Availability of Alternate Employment	51
	Accommodation	52
	Summary	55
V.	RESULTS AND INTERPRETATION: THE DECISION TO MOVE	59
	Age	59

CHAPTER

Page

Marital Status	60
Educational Level	61
Length of Employment	63
Job Satisfaction	63
Difficulty of Travel	64
Importance of the Job	67
Accommodation	68
Summary	71
VI. CONCLUSION	74
Summary of Findings	74
Limitations of the Present Study and Implications for Further Research	81
BIBLIOGRAPHY	85
APPENDIX A: QUESTIONNAIRE MAILED TO ALL SUBJECTS	87
APPENDIX B: (1) QUESTIONNAIRE MAILED TO STAY SUBJECTS ONLY	93
(2) QUESTIONNAIRE MAILED TO QUIT SUBJECTS ONLY	96

LIST OF TABLES

TABLE		Page
1.	Comparison of STAY Returns to Original STAY Sample by Age	21
2.	Comparison of QUIT Returns to Original QUIT Sample by Age	21
3.	Comparison of QUIT Subgroups to Total QUIT Sample by Age.	23
4.	Comparison of Returns to Original Sample for STAY, QUIT, QUIT BEFORE and QUIT AFTER By Sex	24
5.	Marital Status Comparison of Returns to Original Sample for STAY, QUIT, QUIT BEFORE and QUIT AFTER	26
6.	Comparison by Occupation of Returns to Original Sample for STAY and QUIT	27
7.	Comparison of Returns to Original Sample for STAY, QUIT, QUIT BEFORE and QUIT AFTER by Average Months Employed at Misericordia Hospital	31
8.	Cumulative Frequency Age Distribution For QUITs and STAYS	35
9.	Cumulative Frequency Age Distribution for QUIT-R and STAY	35
10.	Marital Status of the QUITs and STAYS	37
11.	Marital Status of the QUIT-R and STAYS	37
12.	Educational Levels for QUIT, QUIT-R and STAY	39

TABLE

Page

13.	Interrelationships Among Job Satisfaction Variables: Old Hospital	42
14.	Interrelationships Among Job Satisfaction Variables: New Hospital	42
15.	Interrelationships Among Job Satisfaction Variables: New Job	43
16.	Pearson Correlations Between Distance and Time	44
17.	Distance and Change in Distance for QUIT-R, QUIT-NR and STAY (Mean Blocks)	44
18.	Comparison by Mode of Transportation for STAY, QUIT-R and QUIT-NR	46
19.	Comparison of STAY, QUIT-R and QUIT-NR by Sex	49
20.	Cumulative Frequency Comparison of Per Cent of Family Income Earned for STAY, QUIT-R and QUIT-NR	49
21.	Cumulative Frequency Comparison by Number of Dependents for STAY, QUIT-R and QUIT-NR	50
22.	Comparison by Sought New Job For STAY, QUIT-R and QUIT-NR	51
23.	Comparison by Type of Accommodation While at Old Hospital for STAY, QUIT-R and QUIT-NR	53
24.	Comparison by Sought Accommodation Near New Hospital for STAY, QUIT-R and QUIT-NR	53
25.	Comparison by Type of Accommodation Sought Near New Hospital for STAY, QUIT-R and QUIT-NR	54

TABLE

Page

26.	Comparison by Availability of Accommodation Near New Hospital for STAY, QUIT-R and QUIT-NR	55
27.	Cumulative Frequency Age Distributions for MOVE and NOT MOVE	60
28.	Marital Status of the MOVES and NOT MOVES	61
29.	Cumulative Frequency of Educational Level for the MOVES and NOT MOVES . .	62
30.	Distance and Change in Distance for MOVES and NOT MOVES	65
31.	Percentage of Subjects Using Each Mode of Transportation Who Chose to Move	66
32.	Comparison of MOVE and NOT MOVE by Mode of Transportation	67
33.	Comparison of MOVE and NOT MOVE by Sex	69
34.	Cumulative Frequency Comparison of Per Cent of Family Income Earned for MOVE and NOT MOVE	69
35.	Cumulative Frequency Comparison of MOVE and NOT MOVE By Number of Dependents	70
36.	Comparison of MOVE and NOT MOVE by Type of Accommodation While at Old Hospital	72
37.	Additional Comments From QUIT-R Subjects	77
38.	Additional Comments From QUIT-NR Subjects	79
39.	Additional Comments From STAY Subjects	80

CHAPTER I

INTRODUCTION

Background¹

On July 18, 1969 the Misericordia Hospital moved from its former location in downtown Edmonton to the western boundary of the city. The relocation was brought about by a desire to expand the services provided by the hospital as well as the need to update the existing facilities to satisfactory standards. To provide the desired service at the former location would have required demolition of older parts of the existing hospital. The new hospital would have completely covered the available space resulting in the loss of all parking and landscaped areas. Other factors bearing heavily on the decision were the difference between land costs in the downtown area and those in a suburban location and the fact that further expansion, if possible at all, would be very difficult. Another factor which apparently played a minor

¹Information provided in this section was obtained through interviews with the Personnel Director at the Misericordia Hospital and from a file maintained by the Hospital Administration during the time relocation was under consideration.

role in the decision was the existence of another major hospital in the immediate vicinity.²

The relocation of the Misericordia involved a move from 111 Street and 99 Avenue to 169 Street and 87 Avenue, a distance of 6.3 miles by the shortest possible transportation route. The new Misericordia had a capacity of 555 beds and 100 bassinets as compared to 326 beds and 60 bassinets at the old location, increases of 70 per cent and 67 per cent respectively. The average number of fulltime employees increased from 715 prior to the move to 959 following relocation, an increase of 34 per cent.³ This involved an increase from 12 to 19 wards, an increase of 58.3 per cent. Additionally, the increase in administrative support staff was proportionally higher than for 'production' staff.⁴ The floor space of the new facility (including nurses' residence,

²The General Hospital was only two blocks from the old Misericordia Hospital and faced similar problems. It stayed at its downtown location and chose the alternative rejected by the Misericordia, i.e., demolition of old facilities and reconstruction on the existing site.

³The averages were calculated for the periods July 1, 1968 to June 30, 1969 and July 1, 1969 to June 30, 1970. The average number of part-time staff increased from 76 to 111 in the same period, an increase of 46.1 per cent. The staff size had stabilized to approximately 1020 and 146 part-time by February, 1970.

⁴For example, the personnel office increased from one professional employee (plus secretarial service) to three professional employees (plus secretarial service).

sisters' residence, and engineering building) was 850,000 square feet as compared to 320,000 square feet in the old hospital, an increase of 165.6 per cent. This area was spread out over eight floors, plus a large underground area (laundry, central supply, etc.), as compared to only three floors in the old hospital.

The increase in physical size and service capability was considerably greater than the increase in staff. The proportionally higher increase in service than in staff would necessitate an increase in efficiency. If this was not achieved, the result would be greatly increased workloads. The larger floor area and the spatial arrangement (more floors) brought about a much greater physical separation of wards. Also, the proportionally greater increase in the number of wards, as compared to the increase in staff, meant smaller work units. Another result was that employees who had formerly worked together on one large ward now worked in different wards, possibly separated by several floors. The result could be a weakening and possibly complete destruction of the existing social interaction between and within work groups. Also, the physical layout of the new hospital would make new interactions harder to establish than in the old hospital.

The relocation also involved changes in the

organizational structure. Larger and more complex equipment was required to service the new facility, thus creating new positions and upgrading others, while some positions became redundant.⁵ In addition, some changes in staff which had nothing to do with the relocation were interpreted by employees as resulting solely from the move.⁶ Shortly before the relocation (about four months) the hours of work were changed for nursing staff. For example, the day shift now commenced work at 7:30 a.m. instead of 7:00 a.m. This meant travelling to or from work in the much heavier traffic associated with the early morning rush hour. This factor, in addition to the increased distances to the new hospital, made it extremely difficult for women on night shift to arrive home in time to prepare their children for the school day.

The relocation of the Misericordia Hospital from

⁵The pneumatic tube communication system created a need for a specialized maintenance engineer. The new heating system required 3rd class engineers on shift as compared to the former requirement of 4th class engineers. This resulted in 4th class engineers becoming redundant and 3rd class engineers who formerly held senior positions being required to return to shift work. Elevator operators also became redundant with the installation of automatic equipment.

⁶The following comment from a questionnaire illustrates this very well. "It was this supervisor - brought in for the new hospital that brought about my decision to resign." Information from the personnel office indicated that the change arose because of the former supervisor's request for a transfer and was in no way related to the relocation.

city centre to suburban area provided the opportunity to examine the impact of such a move on employees.

The changes in organizational structure, policy (eg., hours of work) workload, and atmosphere (social interaction) are not directly related to the physical relocation. However, they are very much a part of the relocation and as such have effects on turnover, either by themselves or through interacting with the physical relocation (commuting problems). This study was not designed to directly examine these peripheral changes. However, they will be discussed in terms of the comments received on the returned questionnaires.

Review of the Literature

A search of the literature on relocation yielded a majority of studies concerned with long distance moves (relocation outside the present commuting area). The literature available on relocation from the city core area to the suburbs was minimal, focusing largely on descriptive examinations of administrative problems encountered in such moves.⁷ The one exception was Burt's

⁷ Examples of this type of article are "Employee Transfer," *Personnel Journal*, XLIV (1965), pp. 564-65; and "When the Office Moves from City to Suburb," The Office, LXXI (June, 1970), pp. 25-28.

study⁸ which examined workers' adaptation to plant relocation in suburbia. The study was designed to test the hypothesis that relocation would result in monetary and psychic costs to employees due to the need to select one of three possible alternatives:

1. Quit his job and seek other employment in the core area.
2. Keep his job and move closer to the new location.
3. Keep his job and accept a changed pattern of commuting.

Although the study did not propose and test hypotheses regarding the relationships between demographic and job related variables and the alternative chosen, it did examine the relationships in an exploratory fashion.

Household interviews were conducted with 180 workers in the greater Boston area who were employees of relocated firms.⁹ Findings suggest that those who

⁸Everett J. Burt, Jr., "Workers Adapt to Plant Relocation in Suburbia," Monthly Labor Review, XCI (1968), pp. 1-5.

⁹Subjects were selected from 10 firms selected as representative of 52 firms that relocated from the core to suburbia between 1955 and 1964. The 180 subjects were chosen in three equal groups to represent those who

quit were younger, more likely to be single, less educated, and had worked for a shorter time with the firm than those who stayed.¹⁰ Burttt reported previous studies¹¹ which have shown that younger, single employees typically commute short distances. Although this information alone would not lead to a prediction concerning a decision to quit or stay after relocation, it could be hypothesized that, of employees who chose to stay, single employees would be more likely to choose alternative two (move closer) than older, married employees.

Burttt did examine commuting difficulty but only for individuals who stayed with the firm and didn't change their residence. Although 80 per cent of the group who lived in the core area reported increased commuting time, only 48 per cent stated that their commuting pattern was worse than before the move. Those who reported the commuting pattern to be the same or better had an average

quit prior to the move, those who stayed with the firm, and those who hired on after the move. The third group is of no relevance to the present study and results pertaining to this group are not discussed.

¹⁰No tests are reported to indicate the significance of the differences between the two groups.

¹¹Leonard P. Adams and Thomas W. Mackesey, Commuting Patterns of Industrial Workers (Cornell University Press, 1955); and Everett L. Burttt, Jr., "Labour Supply Characteristics of Route 128 Firms," Research Report No. 1 - 1958 (Federal Reserve Bank of Boston, 1958) cited by Burttt, "Workers Adapt to Plant Relocation," p. 2.

increase of 11 minutes travel time, while the average increase for subjects reporting worse travel pattern was 20 minutes. The actual commuting time for same or better was 39 minutes compared to 38 minutes for the worse group. This would seem to indicate that the change in commuting time, as opposed to actual commuting time, may be an important variable. A limitation of this aspect of Burtt's study was his failure to examine the change in travel patterns which would have been encountered by those who chose to quit. It seems likely that this variable may have played an important role in their decision.

Burtt attempted to examine job satisfaction but his method of reporting his findings makes it difficult to assess the significance of the reported differences between the two groups (those who quit and those who stayed). He suggests, however, that those who quit were more dissatisfied than those who stayed.

Although no other studies have examined the relationship of job satisfaction and relocation, several have examined the relationship between job satisfaction and turnover. Brayfield and Crockett¹² and Herzberg et

¹²A. H. Brayfield and W. H. Crockett, "Employee Attitudes and Employee Performance," Psychological Bulletin, LII (1955), pp. 396-424.

al.¹³ have reviewed the literature in this area extensively. The former authors tentatively concluded that the data are suggestive of a relationship between job satisfaction and turnover while Herzberg et al. are much less equivocal about this. There were, however, differences in the criteria for inclusion, significance levels, and extensiveness of the surveys. Brayfield and Crockett included only those studies in which employees themselves were respondents and insisted on strict statistical significance levels. Herzberg et al. additionally included those in which data on job satisfaction was provided by managers and union officials or was inferred from descriptions of work situations. They were also less stringent with respect to statistical significance levels, including studies which showed statistical tendencies and reported nontestable assertions.

In a more recent review, Lyons¹⁴ reviewed 32

¹³Frederick Herzberg, et al., Job Attitudes: Review of Research and Opinion (Pittsburgh: Psychological Service of Pittsburgh, 1957) cited by Victor H. Vroom, Work and Motivation (New York: John Wiley and Sons, Inc., 1964), p. 161.

¹⁴T. F. Lyons, "Review of Attitudes and Turnover," (unpublished manuscript, Ann Arbor, Michigan, 1966), cited by T. F. Lyons, Nursing Attitudes and Turnover (Ames, Iowa: Industrial Relations Center, Iowa State University, 1968), pp. 7-8.

independent samples using Brayfield and Crockett's criteria. He found that 16 of the 32 samples contained relationships of turnover and job satisfaction statistically significant of the .05 level or better. He concluded that "less favorable or negative attitudes are associated with turnover and the propensity to withdraw from organization."¹⁵

On the basis of the suggested findings of Burt regarding job satisfaction and relocation and the body of evidence supporting a relationship between job satisfaction and turnover, it could be expected that those who chose to quit rather than stay when relocation occurred would show significantly lower satisfaction.

The Present Study

The purpose of the study was to examine the impact of the relocation of the Misericordia Hospital on its employees. As mentioned previously in the review of Burt's article,¹⁶ an employee of a relocated firm has three alternatives to choose from:

1. Quit his job and seek other employment in

¹⁵Lyons, op. cit., p. 8.

¹⁶Burt, op. cit., p. 2.

the core area.

2. Keep his job and move closer to his new place of work.

3. Keep his job and accept a changed pattern of commuting.

However, due to the large residential area existing between the sites of the old and new Misericordia Hospitals, it was possible for employees to live the same distance from both locations or closer to the new location. If all other transportation variables remained constant (i.e., equally efficient bus service), the need to choose among the three alternatives would exist only for those who faced increases in distance.

With respect to difficulty of travel to work, Burt's findings¹⁷ suggest that change in travel time may be a more important variable than actual travel time. Although Burt did not examine differences between those who quit and those who stayed, in the present study it was hypothesized that those who quit would show greater increases in travel difficulty than those who stayed. To examine travel difficulty questions were included with respect to distance, time and mode of transportation.

¹⁷Burt, op. cit., p. 4.

The present study will include an examination of differences between those who quit and those who stayed with respect to demographic and job-related variables. On the basis of the findings presented by Burt¹⁸, it could be hypothesized that those who quit would be:

1. Younger
2. More likely to be single
3. Less educated
4. Employed for a shorter time at the hospital

Additionally, it could be hypothesized that those who quit would have been less satisfied with their jobs than those who stayed.

However, there are many differences between Burt's subjects and those in the present study, most noticeably sex and occupation. The subjects in Burt's study were exclusively males, whereas the majority of the subjects in the present study were females. Additionally, Burt's subjects were largely blue collar workers while those in the present study included a large number of professionals. The significance of these differences was not known, but was considered in the present study.

¹⁸Ibid., p. 2.

Additionally, it was expected that other factors may have played an important role in the individual's decision to quit at the time of relocation. The importance of the subject's earnings with respect to family income may have reflected a need factor to continue employment. Additionally, in this respect, the availability of alternative employment may have been an important factor. An attempt was made to examine some of these factors by including questions on percentage of family income earned, number of dependents, whether alternative employment was sought, and perceived availability of other employment at the time of relocation.

Another factor which may have played a role in the individual's decision to resign would be the type of accommodation currently occupied and the availability of accommodation in the area surrounding the new hospital. The questionnaire included questions with respect to type of accommodation, length of residence at current address (at time of relocation), whether new accommodation was sought and availability of accommodation in the area close to the new hospital.

Those employees who stayed at the hospital were faced with a choice of moving their residence or accepting new travel patterns. On the basis of Burtt's study, it was hypothesized that those who chose to move would

be most likely to be younger, single employees. Differences between the two groups were also examined with respect to the variables mentioned above.

CHAPTER II

METHODOLOGY

As the present study was originally conceived, it was proposed to examine differences between those who quit and those who stayed with respect to demographic and job related variables using information available from the existing personnel files at the Misericordia Hospital. However, upon examination, the information in the files proved to be inadequate for the purpose of the study¹⁹ and consequently a questionnaire was developed to obtain the desired information. Due to the necessity of using a questionnaire, the scope of the study was therefore expanded to include additional job-related variables (i.e., job satisfaction, mode of transportation, travel time).

Subjects

Subjects were selected from the personnel files

¹⁹Basic information with respect to education, place of residence, distance to work and, most importantly, reasons for resigning, was missing or out-of-date on numerous files.

of the Misericordia Hospital. The overall group from which selection was made included all employees of the hospital who were on staff as of July 16, 1968 or were hired between this date and June 30, 1969. As the old hospital was being gradually phased out, June 30 was chosen as the cutoff date and hirings immediately prior to the move were defined as specifically for the new hospital.

This study was only concerned with voluntary resignations. Therefore, the following were eliminated:

1. Students undergoing training at the hospital,
2. Employees hired on a temporary basis only,
3. Forced resignations.

Those who had left the city were also eliminated if a forwarding address outside greater Edmonton was included in the personnel files. Others who gave "leaving the city" as their reason for resigning were included in the sample if their last known address was the greater Edmonton area. Staff doctors and top executive officers were eliminated because the number of subjects was too small to ensure the confidentiality of their replies. All other employees were included in the sample.

Those employees who remained on staff as of July 16, 1970 (one year after the move) were included in the STAY sample. The balance (those resigning between July 16, 1968 and July 15, 1970) were included in the QUIT sample. This resulted in sample sizes of 383 STAY and 323 QUIT. The STAY sample was reduced to 382 subjects since one subject stated that, although employed prior to the move, employment was only at the new hospital. The QUIT sample was reduced to 310 because 13 questionnaires were returned incomplete with accompanying letters stating that the relocation did not affect their decision to resign.²⁰ Completed questionnaires were returned by 86 QUIT and 213 STAY subjects, approximately 27.7 and 55.7 per cent respectively. Seven of the STAY and 43 of the QUIT questionnaires were returned by the Post Office as undeliverable, 4.1 and 19.2 per cent of the non-returns in the respective samples.²¹

²⁰The reasons listed were as follows: six left Edmonton, two returned to school, three worked at new Hospital only, one job ended with relocation, and one was forced to resign.

²¹An attempted follow-up on the non-returns indicated that a much larger percentage was likely undeliverable.

Questionnaire

The questionnaire²² mailed to each subject consisted of two parts. Part A, sent to all subjects, examined several demographic variables, job satisfaction, and difficulty of travel (to work) at the old hospital. Part B1, sent to all subjects in the STAY group, related to their employment at the new hospital. Part B2 was sent to all subjects in the QUIT group and sought information related to their resignation and their current employment situation. A covering letter²³ was enclosed with the questionnaire to explain the purpose of the study and the importance of completing all questions.

Pre-testing was carried out by having 5 STAY and 4 QUIT subjects complete the questionnaire. Post-interviews were obtained with these subjects to ascertain the clarity of the instructions and the questions. Slight changes in terminology were made, but no questions were added or deleted. The questionnaires were mailed with stamped, addressed envelopes enclosed. Questionnaires received prior to June 17, 1971 (one month after mailing) were included in the study.

²²See Appendix A for copy of questionnaire.

²³See Appendix A for copy of the covering letter.

A telephone follow-up was attempted in order to increase the number of returns. However, it was found that most of these employees were no longer living at their last known address.²⁴

²⁴The follow-up resulted in only two additional returns from the QUIT sample. A personal contact follow-up of STAYS resulted in eleven additional replies. These were included in number of replies indicated earlier (86 QUITS, 213 STAYS).

CHAPTER III

VALIDITY OF THE RETURNS

Due to the relatively small returns of the mailed questionnaires (27.7 and 55.7 per cent of the QUIT and STAY subjects respectively), an attempt was made to check the validity of the returns against the original samples. This was made possible by the availability of complete data from the personnel files at the hospital regarding age, sex, occupation and marital status. The percentage of returns in each category was compared to the original distributions for the QUIT and STAY samples.

Age Comparisons for the STAY group are presented in Table 1. The differences are minimal and would indicate that by age distribution the returns provide a good representation of the original STAY sample.

The data presented in Table 2 indicate that the returns from the QUIT sample were fairly representative for most age groups, although some discrepancies did occur.

Additionally, when examining the QUIT returns,

TABLE 1

COMPARISON OF STAY RETURNS TO ORIGINAL
STAY SAMPLE BY AGE

Percentage in Category	Age Categories									
	Under	26-	31-	36-	41-	46-	51-	56-	Over	Total
		30	35	40	45	50	55	60	60	
Original	22.4	13.9	11.0	10.5	13.9	12.0	8.4	6.8	1.0	100
Sample	(86)*	(53)	(42)	(40)	(53)	(46)	(32)	(26)	(4)	(382)
Returns	24.4	11.7	11.3	9.4	13.1	12.2	9.9	7.0	0.9	100
	(52)	(25)	(24)	(20)	(28)	(26)	(21)	(15)	(2)	(213)

*Numbers in brackets show number of subjects
in each category.

TABLE 2

COMPARISON OF QUIT RETURNS TO ORIGINAL
QUIT SAMPLE BY AGE

Percentage in Category	Age Categories									
	Under	26-	31-	36-	41-	46-	51-	56-	Over	Total
	26	30	35	40	45	50	55	60	60	
Original	39.4	19.4	13.5	8.7	8.1	5.8	3.2	1.6	0.3	100
Sample	(122)*	(60)	(42)	(27)	(25)	(18)	(10)	(5)	(1)	(310)
Returns	38.4	12.8	15.1	8.1	11.6	9.3	1.2	2.3	1.2	100
	(33)	(11)	(13)	(7)	(10)	(8)	(1)	(2)	(1)	(86)

*Numbers in brackets show number of subjects
in each category.

consideration was given to date of resignation. Those resigning in a period one year before to one month after the relocation were referred to as "QUIT BEFORE" while those resigning up to one year after the relocation were referred to as "QUIT AFTER". Data regarding the two subgroups are presented in Table 3 and indicate that both are comparable, in terms of age, to the original QUIT sample.

Also presented in Table 3 is data concerning the comparability of the age distribution of the returns from each of the QUIT sub-samples. Some sizable discrepancies are apparent in this data. The small number of subjects in older age categories could account for differences observed in these categories (i.e., over age 50). However, an additional time-age bias seems to occur in that in the QUIT BEFORE group younger categories tend to be under-represented by the returns and older categories tend to be over-represented.

Sex Table 4 presents comparisons of returns to original sample for the STAY and QUIT samples with respect to sex. Additionally, it presents data for the two QUIT sub-samples (QUIT BEFORE and QUIT AFTER). For the STAY subjects, females in the return sample are slightly over-represented while males are under-represented. Male subjects represent 9.9 per cent of the STAY returns as compared to 13.9 per cent of the original STAY sample. The occupational category of "COOKS"

TABLE 3

COMPARISON OF QUIT SUBGROUPS TO
TOTAL QUIT SAMPLE BY AGE

		Age Categories								Total
		Under 26	26- 30	31- 35	36- 40	41- 45	46- 50	51- 55	56- 60	
TOTAL QUIT	Sample	39.4 (122)*	19.4 (60)	13.5 (42)	8.7 (27)	8.1 (25)	5.8 (18)	3.2 (10)	1.6 (5)	100 (267)
	Returns	38.4 (33)	12.8 (11)	15.1 (13)	8.1 (7)	11.6 (10)	9.3 (8)	1.2 (1)	2.3 (2)	100 (86)
QUIT BEFORE	Sample	38.7 (65)	17.8 (30)	16.7 (28)	8.9 (15)	7.7 (13)	5.9 (10)	1.8 (3)	2.4 (4)	100 (168)
	Returns	26.5 (9)	8.8 (3)	17.6 (6)	14.7 (5)	14.7 (5)	11.8 (4)	0.0 (0)	5.9 (2)	100 (34)
QUIT AFTER	Sample	40.1 (57)	21.1 (30)	9.9 (14)	8.5 (12)	8.5 (12)	5.6 (8)	4.9 (7)	0.8 (1)	100 (142)
	Returns	46.2 (24)	15.4 (8)	13.5 (7)	3.9 (2)	9.6 (5)	7.7 (4)	1.9 (1)	0.0 (0)	100 (52)

*Numbers in brackets show number of subjects
in each category.

TABLE 4

COMPARISON OF RETURNS TO ORIGINAL SAMPLE FOR STAY, QUIT,
QUIT BEFORE AND QUIT AFTER BY SEX

		STAY	QUIT	QUIT BEFORE	QUIT AFTER
MALE	Original	13.9	17.1	16.7	17.6
	Sample	(53)*	(53)	(28)	(25)
	Returns	9.9	16.3	17.6	15.4
		(21)	(14)	(6)	(8)
FEMALE	Original	86.1	82.9	83.3	82.4
	Sample	(329)	(257)	(140)	(117)
	Returns	90.1	83.7	82.4	84.6
		(192)	(72)	(28)	(44)

*Numbers in brackets show number of subjects
in each category.

had the largest discrepancies between returns and original sample proportions.²⁵ This group accounted for 21.9 per cent of the male non-returns although it only included 15.1 per cent of the male subjects in the STAY sample.

²⁵This discrepancy is further discussed under the Occupation analysis in the present chapter.

Almost the entire discrepancy between returns and original sample for the male STAY subjects can be accounted for by this one occupational group. Overall, however, returns from the STAY subjects were fairly representative of the original sample in terms of the sex variable. The sex proportions of the QUIT sample and QUIT sub-sample returns approximate even more closely the original sample proportions.

Marital Status Table 5 presents comparisons of returns to original sample for STAY and QUIT samples with respect to marital status. Data is also presented for the two sub-samples of the QUIT sample.

The STAY sample returns were a very close approximation of the original sample. The QUIT returns were over-represented by married subjects (75.6 per cent of the returns compared to 62.6 per cent of the original sample). When examining the QUIT sub-samples, this discrepancy is even more exaggerated in the QUIT BEFORE sub-sample (85.3 per cent of returns compared to 61.9 per cent of the original sample). The marital status bias occurring in the QUIT returns sample appears to be related to a time factor in the same way as was the age bias.

Occupation A comparison of returns to original sample for occupational categories was made for STAY and QUIT samples only. Dividing the QUIT sample into the respective

TABLE 5

MARITAL STATUS COMPARISON OF RETURNS TO ORIGINAL SAMPLE
FOR STAY, QUIT, QUIT BEFORE AND QUIT AFTER

	STAY		QUIT		QUIT BEFORE		QUIT AFTER	
	S*	R*	S	R	S	R	S	R
MARITAL STATUS	Single							
	21.2	20.2	30.6	23.3	29.8	14.7	31.7	28.8
	(81)**	(43)	(95)	(20)	(50)	(5)	(45)	(15)
	Married							
	72.0	73.2	62.6	75.6	61.9	85.3	63.4	69.2
	(275)	(156)	(194)	(65)	(104)	(29)	(90)	(36)
	Other							
	6.8	6.6	6.8	1.1	8.3	0.0	4.9	1.9
	(26)	(14)	(21)	(1)	(14)	(0)	(7)	(1)

*S indicates original sample,
R indicates returns.

**Numbers in brackets show number of subjects
in each category.

sub-samples would have reduced the number of subjects in each occupational category to a meaningless size. Comparisons are presented in Table 6.

Returns from the STAY sample provided a good occupational representation of the original STAY sample. The largest discrepancy occurred in the "COOK" category

TABLE 6

COMPARISON BY OCCUPATION OF RETURNS TO ORIGINAL
SAMPLE FOR STAY AND QUIT

	Q		S	
	Sample	Return	Sample	Return
Registered Nurse	24.2 (75)*	27.9 (24)	25.1 (96)	26.3 (56)
Certified Nursing Aide	13.5 (42)	14.0 (12)	7.3 (28)	7.5 (16)
Nursing Assistant	5.8 (18)	2.3 (2)	7.1 (27)	8.0 (17)
Certified Nursing Orderly	2.9 (9)	2.3 (2)	2.6 (10)	2.3 (5)
Operating Room Technician	1.0 (3)	0.0 (0)	1.0 (4)	0.9 (2)
Lab Technician	5.8 (18)	3.5 (3)	4.2 (16)	4.2 (9)
X-Ray Technician	1.9 (6)	4.7 (4)	1.3 (5)	0.0 (0)

TABLE 6, continued

O C C U P A T I O N		Q		S	
		Sample	Return	Sample	Return
	Administration	1.6	1.2	3.1	1.9
		(5)	(1)	(12)	(4)
	Cook	0.6	0.0	5.5	2.3
		(2)	(0)	(21)	(5)
	Food Service	7.7	5.8	6.3	6.6
		(24)	(5)	(24)	(14)
	Housekeeping	8.4	2.3	5.0	5.6
		(26)	(2)	(19)	(6)
Laundry	3.2	4.7	5.5	3.8	
	(10)	(4)	(21)	(8)	
Tradesmen	3.2	4.7	2.4	1.9	
	(10)	(4)	(9)	(4)	
Clerical	6.1	4.7	7.1	8.5	
	(19)	(4)	(27)	(18)	
Nursing Administration	1.3	1.2	7.9	8.9	
	(4)	(1)	(30)	(19)	
Central Supply Depot	2.3	1.2	1.6	2.3	
	(7)	(1)	(6)	(5)	

TABLE 6, continued

	Q		S	
	Sample	Return	Sample	Return
Inhalation Therapy	0.0 (0)	0.0 (0)	0.8 (3)	1.4 (3)
Other**	4.5 (14)	7.0 (6)	1.0 (4)	0.9 (2)
Lab Assistant	1.3 (4)	4.7 (4)	1.0 (4)	0.9 (2)
Faculty	2.3 (7)	3.5 (3)	1.8 (7)	2.3 (5)
Receptionist	1.6 (5)	2.3 (2)	1.6 (6)	2.3 (5)
Medical Records Librarian	0.3 (1)	1.2 (1)	0.8 (3)	0.9 (2)
Physio-therapist	0.3 (1)	1.2 (1)	0.0 (0)	0.0 (0)

*Numbers in brackets show number of subjects in each category.

**Includes professionals, such as photographer, pharmacist, which are not listed elsewhere.

which represented only 2.3 per cent of the returns compared to 5.5 per cent of the original sample.²⁶ Although the approximation was not as good for the QUIT sample, discrepancies were still relatively small. With the small number of subjects in some of the categories, the addition or subtraction of only one subject can change the proportions quite drastically. In view of this, the magnitude of the discrepancies which occurred appeared to be within acceptable limits for the purposes of the present study.

Length of Employment Table 7 presents comparisons for average length of employment in months. The original STAY sample was closely approximated by the returns, 53.6 and 55.6 months respectively. The QUIT return had been employed for a much longer length of time than subjects in the original sample, 40.4 and 28.0 months respectively. When the two QUIT sub-samples were examined, the QUIT BEFORE returns accounted for almost all of the discrepancy.

²⁶ Apparently, the Head of the Department was not pleased with the questionnaire and the employees were aware of this attitude. An attempt was made to have the personnel office intercede, but this did not result in an increase in returns.

TABLE 7

COMPARISON OF RETURNS TO ORIGINAL SAMPLE FOR STAY,
QUIT, QUIT BEFORE AND QUIT AFTER BY AVERAGE MONTHS
EMPLOYED AT MISERICORDIA HOSPITAL

	STAY	QUIT	QUIT BEFORE	QUIT AFTER
Original	53.6	28.0	27.9	28.0
Sample	(382)*	(310)	(168)	(142)
Returns	55.6	40.4	53.4	31.9
	(213)	(86)	(34)	(52)

*Numbers in brackets show number of subjects
in each category.

Summary. Overall, returns from the STAY subjects provided a very close approximation of the original STAY sample with respect to age, sex, marital status, occupation and length of employment. Returns from the QUIT sample were representative to the original sample with respect to sex and occupation. Discrepancies occurred with respect to age, marital status and length of employment. In all cases, the discrepancy was most exaggerated in the QUIT BEFORE subsample. Thus, there would appear to be a time bias where younger, single employees with shorter length of employment were under-represented in the returns. It appears likely

that these three variables (age, marital status and length of employment) are all highly interrelated. A possible explanation of this bias in the present sample would be associated with higher mobility of younger age categories (particularly single) which would make them more difficult to contact as the time between resignation date and commencement of the study increased. Additionally, change of name through marriage would make females more difficult to contact. Another possible factor in considering the bias would be associated with length of employment. One might speculate that individuals employed at the hospital for a shorter period of time would feel less commitment and interest in answering the questionnaire. These findings were given consideration in interpreting the results of the study.

CHAPTER IV

RESULTS AND INTERPRETATION: THE DECISION TO QUIT

The analysis of the data was done mainly on an IBM-360 using routines provided in the Statistical Package for the Social Sciences.²⁷

In examining the impact of the relocation of the hospital on employees, a question²⁸ was included to assess the effect of the relocation on the employee's decision to resign. On the basis of response to this question,²⁹ a subgroup of QUITS (QUIT-R) was selected as those whose decision to resign was effected by the relocation. The 23 employees included in the QUIT-R subgroup represent 26.7 per cent of the 86 QUIT returns. The remaining 72.9 per cent were included in subgroup

²⁷N. H. Nie, D. H. Bent and C. H. Hull, Statistical Package for the Social Sciences (Toronto: McGraw-Hill Company, 1970).

²⁸See Appendix A, Part B2, question 2.

²⁹Those selecting either a) I probably would not have resigned if the hospital had not relocated, or b) I definitely would not have resigned if the hospital had not been relocated.

QUIT-NR and were regarded as the employees whose decision to quit was not affected by the relocation.³⁰ In this section, differences between those who quit and those who stayed were examined on demographic and job-related variables.

Age Distribution

An overall comparison of cumulative frequency distributions for the QUITS and STAYS showed the QUIT group to be significantly younger than the STAY group (Chi square = 8.76, df = 2, $p < .01$, see Table 8).³¹

However, when the QUIT-R group was used to test for age differences between those who quit and those who stayed, the results indicated no significant difference between the two groups (Chi square = .685, df = 2, $p > .05$, see Table 9). Thus, although those in the present study who quit just prior to and after relocation were significantly younger than those who stayed, employees

³⁰ Additional written comments of subjects not included in the QUIT-R sample indicated that changed conditions resulting from the relocation (i.e., shift changes, newly hired supervisors) were important factors in their decision to quit. They were not, however, included in the QUIT-R sample, as response to question 2 in B2 was the sole basis for inclusion.

³¹ A one-tailed Kolmogorov-Smirnoff two-sample test was used to test for significance.

TABLE 8

CUMULATIVE FREQUENCY AGE DISTRIBUTION
FOR QUILTS AND STAYS

	Age Categories								
	Under 26	26- 30	31- 35	36- 40	41- 45	46- 50	51- 55	56- 60	Over 60
Quit	38.4	51.2	66.3	74.4	86.0	95.3	96.5	98.8	100.0
Stay	24.4	36.2	47.4	56.8	70.0	82.2	92.0	99.1	100.0
Difference	14.0	15.0	18.9	17.6	16.0	13.1	4.5	-0.3	0

TABLE 9

CUMULATIVE FREQUENCY AGE DISTRIBUTION
FOR QUIT-R AND STAY

	Age Categories								
	Under 26	26- 30	31- 35	36- 40	41- 45	46- 50	51- 55	56- 60	Over 60
Quit-R	30.4	30.4	39.1	52.2	65.2	91.3	91.3	95.7	100.0
Stay	24.4	36.2	47.4	56.8	70.0	82.2	92.0	99.1	100.0
Difference	6.0	-5.8	-8.3	-4.6	-4.8	9.1	-0.7	-3.4	0.0

whose decision to quit was affected by the relocation were not significantly younger than those who stayed.

Burttt reported that those who quit at the time of relocation tended to be younger than those who stayed with the firm.³² A close examination of his study revealed that he did not separately examine those who quit because of relocation and those who quit for other reasons. Thus, the overall comparison of QUITs and STAYS in the present study were in agreement with Burttt's findings. However, when those who reported relocation as their reason for quitting were examined separately, no significant difference was found with respect to age. It was not possible to compare this latter finding to Burttt's study, as he failed to make this distinction in his QUIT sample.

Marital Status

Burttt found that those who quit were more likely to be single than those who stayed. Comparison of the total QUIT and STAY samples showed no significant difference in marital status (Chi square = .074, df = 1, $p > .05$, see Table 10).

³²Burttt, op. cit., p. 2.

TABLE 10

MARITAL STATUS OF THE QUITS AND STAYS

	Married	Single*
Quit	65 (75.5)**	21 (24.5)
Stay	156 (73.2)	57 (26.8)
Total	221	78

*Includes widowed, divorced, separated

**Numbers in brackets show row percentages

Similarly, a comparison of QUIT-R subjects with STAYS revealed no significant difference between the two groups (Chi square = .005, df = 1, $p > .05$, see Table 11).

TABLE 11

MARITAL STATUS OF QUIT-R AND STAYS

	Marital Status	
	Married	Single*
Quit-R	17 (73.9)**	6 (26.1)
Stay	156 (73.2)	57 (26.8)

*Includes widowed, divorced, separated

**Numbers in brackets show row percentages

However, the above findings must take into consideration the fact that married subjects were over-represented by the returns from the QUIT sample. (Married subjects represented 75.6 per cent of the returns compared to 62.6 per cent of the original sample.) Thus, the findings in the present study may have reflected a sample bias. Data obtained from the personnel files indicated that those who quit were more likely to be single than those who stayed (Chi square = 7.462, df = 1, $p < .01$). Of the QUITs, 30.6 per cent were single compared to 21.2 per cent of the STAYS. However, data from the personnel files did not permit a comparison of QUIT-R's and STAY subjects. Thus, the finding of no difference between the two groups must be accepted with caution.

Educational Level

Burt reported that those who quit had less education than those who stayed. A comparison of total QUIT and STAY groups showed a non-significant trend in the opposite direction of that predicted (Chi square = 2.65, df = 2, $p > .05$, see Table 12). Analysis of the STAY and QUIT-R groups indicated a trend in the predicted direction, but this was not significant (Chi square = 1.56, df = 2, $p > .05$, see Table 12). Failure to replicate Burt's findings may have been due to the occupational differences between Burt's subjects and those in the present study.

Burt's subjects were largely blue collar workers while those in the present study included a large number of professionals.

TABLE 12

EDUCATIONAL LEVELS FOR QUIT, QUIT-R AND STAY

	Difference	QUIT	STAY	QUIT-R	Difference
No education	-0.9	0.0 (0)*	0.9 (2)	0.0 (0)	-0.9
Elementary	-4.7	0.0 (0)	4.7 (8)	0.0 (0)	-4.7
Junior High	-10.4	7.0 (6)	17.4 (27)	21.7 (5)	-4.3
Senior High	-9.1	16.3 (8)	25.4 (17)	39.1 (4)	-13.7
CNA or CNO	-3.8	31.5 (13)	35.3 (21)	47.8 (2)	-12.5
Complete High or Some Technical	-1.2	45.4 (12)	46.6 (24)	52.1 (1)	-3.5
Complete Tech or Some University	-3.0	60.5 (13)	63.5 (36)	60.8 (2)	-2.5
RN or Complete University	0	100.0 (34)	100.0 (78)	100.0 (9)	0

*Bracketed numbers show number of subjects

Length of Employment

On the basis of Burt's study, it would have been

expected that those who quit would have been employed at the hospital for a shorter period of time than those who stayed. Overall, the QUITs were employed an average of 40.4 months compared to 55.6 months for the STAYS ($t = 2.130$, $df = 297$, significant at the .025 level). However, when the two subgroups (QUIT-R and QUIT-NR) of the QUIT sample were compared to the STAYS, an interesting finding emerged. The mean period of employment for QUIT-NR at the hospital was 31.8 months, again significantly lower than the mean for STAYS ($t = 3.11$, $df = 274$, significant at .005 level). On the other hand, the mean period of employment for QUIT-R did not differ significantly than the mean for STAYS ($t = .652$, $df = 234$, $p > .05$) and was the opposite direction of that predicted. The mean for this group was 64.0 months.

This would indicate that the relocation of the hospital had its greatest impact on individuals who had been employed for a considerable length of time. They differed significantly from those who had quit for reasons other than relocation ($t = 2.436$, $df = 84$, significant at .01 level).

Job Satisfaction

The present study hypothesized that those who quit would report greater job dissatisfaction than those who stayed. On the questionnaire satisfaction with job, satis-

faction with supervisor and satisfaction with co-workers were measured.³³ These measures were obtained for each subject with respect to the old hospital and new hospital or new job. For the purpose of making comparisons between samples, a Job Satisfaction Index (JSI) was constructed by summing the scores for the three job satisfaction variables.³⁴ Intercorrelations among the three variables and with JSI were of sufficient strength to allow the JSI to be used as an overall measure of job satisfaction (see Tables 13, 14 and 15).

The mean JSI scores for STAY (4.96) was compared with those for QUIT-R (4.91) and QUIT-NR (5.92). The difference between STAY and QUIT-R was not significant ($t = .011$, $df = 234$, $p > .05$) and was in the opposite direction of that hypothesized. The difference between STAY and QUIT-NR was significant in the predicted direction ($t = 2.93$, $df = 274$, $p < .005$). This would suggest that those whose decision to quit was affected by the relocation were not relatively more dissatisfied with their jobs than those who stayed. Although the difference between the QUIT-R (4.91) and QUIT-NR (5.92) sub-samples was not signi-

³³See questions 21, 22, 23 in part A of questionnaire.

³⁴Possible scores on JSI ranged from 3 - 15 with the lowest score indicating highest satisfaction.

TABLE 13

INTERRELATIONSHIPS AMONG JOB SATISFACTION VARIABLES:
 OLD HOSPITAL (N=299) *

	Supervisor	Coworkers	Index
Job	.419**	.400**	.737**
Supervisor		.306**	.841**
Coworkers			.630**

*Spearman correlation coefficients

**Significant at .001 level

TABLE 14

INTERRELATIONSHIPS AMONG JOB SATISFACTION VARIABLES:
 NEW HOSPITAL (N=213) *

	Supervisor	Coworkers	Index
Job	.595**	.489**	.827**
Supervisor		.368**	.835**
Coworkers			.716**
Index			

*Spearman correlation coefficients

**Significant at .001 level

ficant ($t = 1.637$, $df = 84$, $.10 > p > .05$) the direction and the magnitude of the difference would indicate that the QUIT-R group really did quit because of relocation (not job dissatisfaction) or at least that they were consistent in their report of why they quit.

TABLE 15

INTERRELATIONSHIPS AMONG JOB SATISFACTION VARIABLES:
NEW JOB (N=59)*

	Supervisor	Coworkers	Index
Job	.335**	.517***	.776***
Supervisor		.459***	.789***
Coworkers			.801***
Index			

*Spearman correlation coefficient

**Significant at .005 level

***Significant at .001 level

Difficulty of Travel

Information was obtained regarding both travel time and distance to work. However, because these measures appeared to be significantly related (see Table 16) results will be presented for distance measures only.

TABLE 16

PEARSON CORRELATIONS BETWEEN DISTANCE AND TIME

	Distance	
	To old hospital	To new hospital
To old hospital (N=299)	.551*	
To new hospital		
Time STAYS Moved (N=54)		.273**
STAYS Did Not Move (N=159)		.564*
QUITS actual (N=54)		.539*
QUITS estimate (N=32)		.630*

*Significant at .001 level

**Significant at .02 level

TABLE 17

DISTANCE AND CHANGE IN DISTANCE FOR QUIT-R, QUIT-NR
AND STAY (MEAN BLOCKS)

	Old Hospital	New Hospital	Change
Stay	39.5	63.1	23.6
Quit-R	49.9	109.8	59.9
Quit-NR	48.5	74.9	26.4

Mean actual distance to the old hospital did not differ significantly for the three groups (QUIT-R, QUIT-NR, STAY).³⁵ Although the mean distance to the new hospital increased for all three groups, the increase in distance for QUIT-R (59.9 blocks) was significantly greater than the increase for either STAY (23.6 blocks)³⁶ or QUIT-NR (26.4 blocks).³⁷ The difference between STAY and QUIT-NR was not significant ($t = 0.44$, $df = 274$, $p > .05$, see Table 17).

Mode of transportation was also examined (see Table 18). The patterns were fairly similar for the STAY and QUIT-R groups.

With respect to ownership of car, there was little difference between the two groups although ownership was slightly higher among the STAY subjects (64.3 per cent for the STAYS as compared to 56.5 per cent for the QUIT-R's). In spite of the higher percentage of car ownership, a slightly lower percentage of STAYS used their car to travel to work at the old hospital. This would indicate that several of the STAY subjects not using their car to travel

³⁵Using t-test to compare means for groups, $p > .05$ for all comparisons.

³⁶ $t = 3.81$, $df = 234$, $p < .001$, see Table 17.

³⁷ $t = 3.57$, $df = 84$, $p < .001$, see Table 17.

TABLE 18

COMPARISON BY MODE OF TRANSPORTATION FOR STAY, QUIT-R
AND QUIT-NR

	Old Hospital			New Hospital
	QUIT-R	QUIT-NR	STAY	STAY
Own car	56.5 (13)*	69.8 (44)	49.8 (106)	57.5 (122)
Car pool	0.0 (0)	7.9 (5)	3.3 (7)	5.2 (11)
Bus	39.1 (9)	17.5 (11)	34.7 (74)	20.8 (44)
Walk	4.3 (1)	4.8 (3)	12.2 (26)	16.5 (35)

*Numbers in brackets show number of subjects
in each category.

to work at the old hospital had a car available and were able to change their mode of transportation to the new hospital. Since none of the QUIT-R subjects using modes of transportation other than a car had a car available, switching to this mode of travel was not an immediate alternative. Thus, the differences in bus service to the two hospitals would probably play a more important role for QUIT-R subjects. Ninety per cent of the QUIT-R subjects reported much poorer bus service to the new hospital as compared to 56.4 per cent of the STAYS.

When mode of transportation to the new hospital was examined for those who stayed, use of bus as mode of transportation declined from 34.7 per cent at the old hospital to 20.8 per cent at the new hospital. Much of the decrease was accounted for by the increased use of car and carpool (53.1 to 62.7 per cent).

Although mode of transportation did not appear to be a significant factor, the availability of an alternative mode of transportation did appear to differ for the two groups. Thus, the hypothesis that those who quit would show greater increases in travel difficulty was supported by the data comparing STAY and QUIT-R.

Importance of the Job

The importance of the job to the individual would presumably be reflected in his decision to quit or stay. Burttt confined his sample to male employees "as they were assumed to be primary wage earners with responsibility for decision concerning the place of work and of residence."³⁸ This appeared to be an oversimplification because single, divorced and widowed females would likewise fall into the category of primary wage earners with subsequent responsibility for the above decisions.

³⁸Burttt, op. cit., p. 1.

In an attempt to assess this factor, the STAY and QUIT-R subjects were examined with respect to sex, marital status, number of dependents and percentage of family income earned.

Results presented in Table 19 indicate no significant difference (Chi square = .014, df = 1, $p > .05$) between the STAY and QUIT-R groups on the basis of sex and results presented earlier in Table 10 indicated no significant difference between these two groups with respect to marital status. However, as pointed out above, sex and marital status categories considered independently may represent an oversimplification with the "primary wage earner" category being the significant variable (eg., only 60.0 per cent of the males were in the sole income earner category while 81.7 per cent of single females³⁹ fell in this category).

Table 20 presents a comparison of the STAY and QUIT-R subjects with respect to percentage of family income earned. Although the differences between the two groups are not significant (Chi square = 1.322, df = 2, $p > .05$), subjects in the QUIT-R sample tended to earn a smaller percentage of the total family income. From

³⁹This includes divorcees, separated and widowed females. 93.3 per cent of the subjects in these categories reported themselves as being sole income earners.

TABLE 19

COMPARISON OF STAY, QUIT-R AND QUIT-NR BY SEX

	STAY	QUIT-R	QUIT-NR
MALE	9.9 (21)*	13.0 (3)	17.5 (11)
FEMALE	90.1 (192)	87.0 (20)	82.5 (52)

*Numbers in brackets show number of subjects in each category.

TABLE 20

CUMULATIVE FREQUENCY COMPARISON OF PER CENT OF FAMILY INCOME
EARNED FOR STAY, QUIT-R AND QUIT-NR

	Difference	QUIT-R	STAY	QUIT-NR	Difference
Under 25	7.5	28.6	21.1	21.3	0.3
26 - 50	13.2	66.7	53.5	54.1	0.6
51 - 75	10.6	71.5	60.9	63.9	3.0
76 - 100	0.0	100.0	100.0	100.0	0.0

this, it might be inferred that individuals in this category had less "need" to retain their job. This idea receives some support from the fact that of the 23 indivi-

duals who quit because of relocation, only 16 or 69.6 per cent sought steady employment after resigning.

Additionally, data presented in Table 21 indicates a non-significant trend (Chi square = .557, $df = 2$, $p > .05$), for subjects in the QUIT-R group to have relatively fewer dependents. This might also indicate less "need" for employment. Although none of the above findings are statistically significant,⁴⁰

TABLE 21

CUMULATIVE FREQUENCY COMPARISON BY NUMBER OF DEPENDENTS
FOR STAY, QUIT-R AND QUIT-NR

	Difference	QUIT-R	STAY	QUIT-NR	Difference
0	8.2	73.9	65.7	66.7	1.0
1	5.7	86.9	81.2	73.0	8.2
2	3.6	95.6	92.0	84.1	7.9
3	0.3	95.6	95.3	88.9	6.4
4	3.5	95.6	99.1	95.2	3.9
5	0.0	100.0	100.0	98.4	1.6
6	0.0	100.0	100.0	100.0	0.0

⁴⁰The failure to achieve statistical significance may have been influenced by the small number of subjects in the QUIT-R group.

the trend in the data would suggest that employees with less "need" for the job would be more likely to resign when conditions changed.

Availability of Alternate Employment

TABLE 22

COMPARISON BY SOUGHT NEW JOB FOR STAYS, QUIT-R AND QUIT-NR

	STAY	QUIT-R	QUIT-NR
Immediately after learning of relocation	0.5 (1)*	17.4 (4)	4.8 (3)
One to two months before relocation	0.5 (1)	8.7 (2)	1.6 (1)
Less than one month before relocation	0.0 (0)	13.0 (3)	1.6 (1)
After relocation	3.8 (8)	30.4 (7)	9.5 (6)
Did not look	95.3 (202)	30.4 (7)	82.5 (52)

*Numbers in brackets indicate number of subjects in each category.

If the employee "needs" to retain employment (as defined in the previous section), then the availability of alternate employment would appear to be an important factor in the decision to resign. Table 22 indicates that only 4.7 per cent of the STAYS and 17.5 per cent of the QUIT-NR's sought new jobs as compared to 69.6 per cent of

the QUIT-R's. The small proportion of STAY subjects who sought alternate employment would seem to indicate that availability of other jobs was not an important factor in their decision to stay. It also appeared to play a minor role in the decision of the QUIT-NR subjects as the proportion who sought alternate employment was also relatively small.

Accommodation

Table 23 presents a comparison of type of accommodation occupied while employed at the old Misericordia Hospital. Discrepancies among the three groups for the various types of accommodation are small, the largest occurring in the 'live with parents' category.

Table 24 indicates that relatively few employees made an intensive effort to locate accommodation closer to the new hospital. It would appear that availability of accommodation closer to the new hospital was not a major factor in the decision to quit or stay. Table 25 presents a comparison of the type of accommodation sought. Although it is difficult to make comparisons between the three groups because of the small number of respondents in the QUIT categories, it is interesting to note that 35.3 per cent of the STAY subjects who sought accommodation were looking for a house to buy while none of the QUIT-R

TABLE 23

COMPARISON BY TYPE OF ACCOMMODATION WHILE AT OLD
HOSPITAL FOR STAY, QUIT-R AND QUIT-NR

Type of Accommodation	STAY	QUIT-R	QUIT-NR	
	Own home	48.8 (104) *	43.5 (10)	42.9 (27)
	Rented home	7.5 (16)	13.0 (3)	9.5 (6)
	Suite or apartment	33.8 (72)	30.4 (7)	30.2 (19)
	Room only	1.9 (4)	0.0 (0)	0.0 (0)
	Room and board	1.9 (4)	0.0 (0)	1.6 (1)
	Lived with parents	6.1 (13)	13.0 (3)	15.9 (10)

*Numbers in brackets show number of subjects
in each category.

TABLE 24

COMPARISON BY SOUGHT ACCOMMODATION NEAR NEW HOSPITAL
FOR STAY, QUIT-R AND QUIT-NR

		STAY		QUIT-R		QUIT-NR	
Action Taken	Did not look	69.5	(148)*	82.6	(19)	84.1	(53)
	Thought, but did not look	5.6	(12)	0.0	(0)	4.8	(3)
	Looked, but only casually	9.4	(20)	13.0	(3)	6.3	(4)
	Looked very hard	15.5	(33)	4.3	(1)	4.8	(3)

*Numbers in brackets show number of subjects
in each category.

subjects sought this type of accommodation. Data presented in Table 26 indicate that none of the QUIT-R subjects who sought accommodation found suitable accommodation. The major reason given was that accommodation was too expensive. On the other hand 53.7 per cent of the STAY subjects who sought accommodation reported that suitable accommodation was available. Those who failed to report success in locating suitable accommodation reported expense as the major reason.

TABLE 25

COMPARISON BY TYPE OF ACCOMMODATION SOUGHT
NEAR NEW HOSPITAL FOR STAY, QUIT-R AND QUIT-NR

Type of Accommodation	STAY		QUIT-R		QUIT-NR	
House to buy	35.3	(24)*	0.0	(0)	30.0	(3)
House to rent	2.9	(2)	33.3	(1)	20.0	(2)
Apartment or suite	58.8	(40)	66.7	(2)	40.0	(4)
Room only	2.9	(2)	0.0	(0)	10.0	(1)
Room and board	0.0	(0)	0.0	(0)	0.0	(0)

*Numbers in brackets show number of subjects in each category.

Availability of accommodation did not appear to play an important role in the decision to quit or stay since 46.3 per cent of the STAY subjects who sought new

accommodation were unsuccessful and yet retained their job. This suggestion receives additional support from the fact that relatively few employees intensively sought new accommodation.

TABLE 26

COMPARISON BY AVAILABILITY OF ACCOMMODATION NEAR
NEW HOSPITAL FOR STAY, QUIT-R AND QUIT-NR

Availability		STAY	QUIT-R	QUIT-NR
	None available	6.0 (4)*	25.0 (1)	9.1 (1)
	Available, but not suitable	7.5 (5)	0.0 (0)	36.4 (4)
	Available, suitable too expensive	32.8 (22)	75.0 (3)	36.4 (4)
	Suitable, available	53.7 (36)	0.0 (0)	18.2 (2)

*Numbers in brackets show number of subjects in each category.

Summary

When the QUIT-R subjects were compared to the STAY subjects, they were found to be very similar on the demographic and job-related variables examined. No significant differences were found between the samples in regards to sex, age, marital status, education, length of employment

and satisfaction with their jobs.⁴¹ There seemed to be a tendency for subjects with less 'need' for the job (as measured by proportion of family income earned and number of dependents) to be more likely to resign, but the difference was not significant. The only variable on which the samples differed significantly was difficulty of travel. The increase in distance to work was significantly greater for the QUIT-R subjects than for the STAY's. Also, the availability of cars for those not already using this mode of transportation was significantly greater for the STAY's than for the QUIT-R subjects.

No significant differences were found between the STAY and QUIT-NR samples in regards to sex, marital status, education, increase in travel distance and 'need' for the job. The QUIT-NR's were found to be significantly younger, to have been employed for a shorter period of time and to be less satisfied with their jobs than the STAY subjects.

Although the returns indicated that a shortage of suitable accommodation existed in the area of the new hospital, this was not a major factor because of the very small number of subjects who sought new accommodation.

⁴¹As reported in the chapter on validity of returns, the underrepresentation of younger, single subjects may have affected the results to some extent.

The availability of alternate employment did not appear to play a significant role in the decision to quit. Very few STAY subjects had sought alternate employment.

The findings in the present study would indicate that the QUIT-R subjects would have been lost to the hospital regardless of relocation. However, there is evidence to indicate that the QUIT-R subjects quit mainly because of travel difficulty brought about by relocation. Since 26.7 per cent of the turnover during the period examined by the study resulted from travel difficulty, it is likely that if greater assistance to overcome these difficulties had been offered, turnover could have been reduced.

Few of Burtt's hypotheses were supported by results in the present study when QUIT-R subjects were compared to STAY subjects. However, this may be due to Burtt's failure to distinguish between those who quit because of relocation and those who quit for other reasons. When the QUIT-R subjects in the present study were examined, more support was found for Burtt's hypothesis. Those who quit were younger, had been employed for a shorter length of time and were less satisfied with their jobs than those who stayed. Thus, it would appear that Burtt's failure to make comparisons on the basis of

reason for quitting make his findings difficult to interpret with respect to the effects of relocation.

CHAPTER V

RESULTS AND INTERPRETATION: THE DECISION TO MOVE

The employees who chose to stay after relocation faced a decision between moving closer to the new hospital or accepting changed travel patterns. For some of these individuals, there would be little change in travel difficulty and this decision would have little relevance. Of the 213 STAY subjects, 25.4 per cent (54) moved closer to the new hospital.

In this section, data is presented which tests Burt's hypothesis⁴¹ that those who moved closer to the new hospital (MOVE) would be younger and more likely to be single than those who did not move (NOT MOVE). Although no hypotheses were formulated regarding the decision to move and other demographic and job related variables some of these relationships were also examined.

Age

A comparison of cumulative frequency distributions for MOVE and NOT MOVE provided support for the

⁴¹Supra, p. 7.

hypothesis that those who chose to move would be younger than those who chose not to move (Chi square = 14.0, $df = 2$, $p < .001$, see Table 27). Whereas 57.4 per cent of the MOVE group were under 31, only 28.9 per cent of the NOT MOVE group were in this category.

TABLE 27

CUMULATIVE FREQUENCY AGE DISTRIBUTIONS FOR
MOVE AND NOT MOVE

	Age Categories								
	Under 26	26- 30	31- 35	36- 40	41- 45	46- 50	51- 55	56- 60	Over 60
Move*	44.4	57.4	64.8	70.4	75.9	87.0	98.1	100.0	100.0
Not move	17.6	28.9	41.5	52.2	67.9	80.5	89.9	98.7	100.0
Difference	26.8	28.5	23.3	18.2	8.0	6.5	8.2	1.3	0

*Move (N=54) Not move (N=159)

Marital Status

With respect to marital status, 40.7 per cent of the MOVES were single compared to 22.0 per cent of the NOT MOVES. This difference between the two groups was significant (Chi square = 6.29, $df = 1$, $p < .01$), and the hypothesis that those who chose to move would be more

likely to be single was supported (see Table 28).

TABLE 28

MARITAL STATUS OF THE MOVES AND NOT MOVES

	Married	Single*	Total
Move	32 (59.3)**	22 (40.7)	54
Not move	124 (78.0)	35 (22.0)	159
Total	156	57	213

*Includes widowed, divorced, separated

**Numbers in brackets show row percentages

Educational Level

A comparison of cumulative frequency distributions of educational level for the MOVE and NOT MOVE groups indicated that they were not significantly different in this respect. The largest difference occurred at the complete university or RN training level where 39.1 per cent of the NOT MOVE group were in this category compared to 29.6 per cent of the MOVE group ($D < .218$, $p > .05$, see Table 29).⁴² The second largest

⁴²D calculated using Kolmogorov-Smirnoff two-tailed test for large samples.

discrepancy occurred at the lower end of the education continuum with 6.3 per cent of the NOT MOVE subjects having elementary or no education compared to none of the MOVE subjects falling in this category ($D < .218$, $p > .05$, see Table 29). Although these differences were not statistically significant, those who moved tended to be clustered in the middle of the educational continuum.

TABLE 29

CUMULATIVE FREQUENCY OF EDUCATIONAL
LEVEL FOR THE MOVES AND NOT MOVES

	Move	Not Move	Difference
No education	0.0	1.3	1.3
Elementary	0.0	6.3	6.3
Junior High	18.5	17.0	1.5
Some High	24.1	25.8	1.7
CNA & CNO Training	38.9	33.9	5.0
Complete High and Some Technical	50.0	45.2	4.8
Complete Technical & Some University	70.4	60.9	9.5
Complete University & RN Training	100.0	100.0	0

Length of Employment

The average length of employment at the hospital for the MOVES was 46.9 months compared to 58.6 months for the NOT MOVES, but the difference was not significant ($t = 1.03$, $df = 211$, $p > .05$, using a two-tail test).

Job Satisfaction

Although the MOVES were relatively more dissatisfied at the old hospital than the NOT MOVES (average JSI scores were 5.185 and 4.887 respectively), the difference between the two groups was not significant ($t = 0.89$, $df = 211$, $p > .05$). The change in satisfaction (both groups being relatively more dissatisfied at the new hospital) was greater for the MOVES but the difference was not significant ($t = 1.92$, $df = 211$, $.10 > p > .05$). However, when JSI scores at the new hospital were compared for the two groups, the MOVES (average JSI score was 6.296) were significantly more dissatisfied than the NOT MOVES (average JSI score was 5.302) ($t = 2.51$, $df = 211$, $p < .02$). The above findings may be artifactual due to a significant correlation found between age and JSI ($r = -.23$, significant at .001 level).⁴³ Since younger individuals were more likely

⁴³ Spearman correlations were calculated.

to move and also more likely to be less satisfied with their jobs, the significance of the findings reported that those who moved were more likely to be less satisfied may simply be a reflection of the relationship between age and job satisfaction.

Difficulty of Travel

Prior to the relocation, the MOVE group lived significantly closer to the hospital than the NOT MOVE group ($t = 4.15$, $df = 211$, $p < .001$, two-tail test). The averages were 27.8 blocks and 43.5 blocks for the MOVES and NOT MOVES respectively. However, after relocation the average distance for the MOVES (prior to changing their residence) was 72.7 blocks, compared to an average distance of 59.8 blocks for the NOT MOVES ($t = 2.21$, $df = 211$, $p < .05$). The change in distance for the MOVES (45.0 blocks) was significantly greater than the change in distance for the NOT MOVES (16.3 blocks).⁴⁴

Thus, those who moved lived relatively closer to their place of employment prior to the relocation and faced the greatest increase in distance as a result of relocation.

⁴⁴ $t = 4.17$, $df = 211$, $p < .001$, using a two-tail test.

TABLE 30

DISTANCE AND CHANGE IN DISTANCE FOR
MOVES AND NOT MOVES (MEAN BLOCKS)

	Old Hospital	New Hospital	Change
Moves	27.8	72.7	44.9
Not Moves	43.5	59.8	16.3
Difference	-15.7	12.9	28.6

It seems highly plausible that many of those included in the NOT MOVE group may have lived in the residential area between the old and new hospital sites and, thus, did not face a large increase in distance or may actually have lived closer to the new hospital.

Table 31 shows the number of subjects using the various modes of transportation to get to work at the old hospital. For the 26 individuals who walked to work, the relocation would require either a change of residence or change of mode of transportation. 57.7 per cent of these individuals chose to move closer, compared to much smaller percentages for the other mode of transportation categories.

TABLE 31

PERCENTAGE OF SUBJECTS USING EACH MODE OF
TRANSPORTATION WHO CHOSE TO MOVE

		MOVE	NOT MOVE
Mode of Transportation	Car	18.9* (20)**	81.1 (86)
	Car Pool	14.3 (1)	85.7 (6)
	Bus	24.3 (18)	75.7 (56)
	Walk	57.7 (15)	42.3 (11)

*Row percentages

**Numbers in brackets show number of subjects
in each category.

For individuals using the bus to get to work, 72.4 per cent of those who chose to move reported that bus service to the new hospital was much worse, compared to 50.0 per cent of those who didn't move. Thus, it would appear that mode of transportation, as well as distance, played a role in the decision to move.

Table 32 compares mode of transportation for MOVE and NOT MOVE at the old and new hospitals. There was a general decline in use of busses as a mode of transportation for both groups. The decline appears to have been accounted for by an increase in the number of

people walking among the MOVES and by the number of people using cars among the NOT MOVES.

TABLE 32

COMPARISON OF MOVE AND NOT MOVE BY MODE OF
TRANSPORTATION

	Old Hospital		New Hospital	
	Move	Not Move	Move	Not Move
Own car	37.0 (20)*	54.1 (86)	29.6 (16)	67.1 (106)
Car Pool	1.9 (1)	3.8 (6)	5.6 (3)	5.1 (8)
Bus	33.3 (18)	35.2 (56)	24.1 (13)	19.6 (31)
Walk	27.8 (15)	6.9 (11)	40.7 (22)	8.2 (13)

*Numbers in brackets show number of subjects in each category.

Importance of the Job

In the previous chapter, the importance of the job to the individual was examined in relation to the decision to quit or stay. Presumably, this factor would also play an important role in the decision to move. Burt had confined his sample to all males "as they were assumed to be the primary wage earners with responsibility concerning the place of work and residence."

In the present study, there was no significant sex difference between the MOVE and NOT MOVE groups (Chi square = .008, $df = 2$, $p > .05$, see Table 33). However, as reported earlier, subjects in the MOVE group were more likely to be single. As well, significantly more subjects in the MOVE group earned a larger percentage of the family income (Chi square = 7.89, $df = 2$, $p < .01$, see Table 34) and, although not statistically significant, had fewer dependents (Chi square = 3.63, $df = 2$, $p > .05$, see Table 35).

Thus, the category of primary wage earner would appear to be a more meaningful variable than sex when examining decisions in relation to an individual's job. The present data indicate that individuals who moved their residence closer to their place of employment were more likely to contribute to the family income to a greater extent. However, this finding may be artifactual due to the large number of moves who were single and thus more likely to be primary wage earners.

Accommodation

Table 36 presents a comparison on types of accommodation occupied while employed at the old hospital. Of the NOT MOVE subjects, 61.6 per cent owned their own homes compared to only 11.1 per cent of the

TABLE 33

COMPARISON OF MOVE AND NOT MOVE BY SEX

Sex		
	Move	Not Move
Male	6 (11.1)*	15 (9.4)
Female	48 (88.9)	144 (90.6)

*Numbers in brackets show number of subjects in each category.

TABLE 34

CUMULATIVE FREQUENCY COMPARISON OF PER CENT OF
FAMILY INCOME EARNED FOR MOVE AND NOT MOVE

	Move	Not Move	Difference
Under 25	9.5 (5)*	25.0 (38)	15.4
26 - 50	36.5 (14)	59.2 (52)	22.7
51 - 75	44.2 (4)	66.4 (11)	22.2
76 - 100	100.0 (29)	100.0 (51)	0.0

*Numbers in brackets show number of subjects in each category. Two MOVE and seven NOT MOVE subjects did not answer this question, resulting in N's of 52 and 152 respectively.

TABLE 35

CUMULATIVE FREQUENCY COMPARISON OF MOVE AND
NOT MOVE BY NUMBER OF DEPENDENTS

	Move	Not Move	Difference
0	74.1 (40)*	62.9 (100)	11.2
1	92.6 (10)	77.4 (23)	15.2
2	96.3 (2)	90.6 (21)	5.7
3	96.3 (0)	95.0 (7)	1.3
4	100.0 (2)	98.8 (6)	1.2
5	100.0 (0)	100.0 (2)	0.0

*Numbers in brackets show number of subjects in each category.

MOVE subjects (Chi square = 41.3, df = 1, $p < .001$). Thus, it would appear that employees who chose to move were those who were able to do so at less cost and inconvenience. Additionally, subjects in the MOVE group had occupied their residence for an average of 35.6 months compared to 85.1 months for NOT MOVE subjects ($t = 16.0$, df = 211, $p < .0005$). It could be speculated that those who chose to move felt less attachment to their residence and community than those who chose

not to move.

The question regarding availability of accommodation near the new hospital appears to have been misinterpreted as 6.8 per cent of the individuals who moved reported that no accommodation was available. It was interesting to note, however, that 25.0 per cent of the MOVES and 47.8 per cent of the NOT MOVES reported that suitable accommodation was available, but too expensive. The small number of subjects in the NOT MOVE group who actively sought accommodation near the new hospital (8.4 per cent) would suggest that availability of accommodation was not a significant factor in the decision to move.

Summary

The hypothesis that those among the STAYS who chose to move their residence closer to the new hospital would be younger and more likely to be single was supported by the evidence in this study. Additionally, it was found that the individuals who chose to move had lived significantly closer to the old hospital and faced considerably greater increases in travel difficulty as a result of the relocation.

The two groups did not differ significantly with respect to sex, education or length of employment. Al-

TABLE 36

COMPARISON OF MOVE AND NOT MOVE BY TYPE OF
ACCOMMODATION WHILE AT OLD HOSPITAL

	Move	Not Move
Own home	11.1 (6)*	61.6 (98)
Rented home	3.7 (2)	8.8 (14)
Suite or Apartment	68.5 (37)	22.0 (35)
Room only	5.6 (3)	0.6 (1)
Room and board	7.4 (4)	0.0 (0)
Lived with parents	3.7 (2)	6.9 (11)

*Numbers in brackets show number of
subjects in each category.

though there was no significant difference between the two groups with respect to job satisfaction at the old hospital or change in job satisfaction, the MOVES were significantly less satisfied at the new hospital than were the NOT MOVES.

It was found, however, that significantly more subjects in the MOVE group earned a larger portion of the total family income and occupied rented accommodation. This group also showed a considerably shorter length of

time in their place of residence at the time of relocation. The availability of accommodation closer to the new hospital did not appear to be an important factor in the decision to move.

The significant difference found between the MOVE and NOT MOVE subjects would all appear to be factors which contribute to greater mobility or freedom to move.

CHAPTER VI

CONCLUSION

Summary of Findings

The present study attempted to examine the impact of the relocation of the Misericordia Hospital on its employees. The hospital moved from the downtown area to a suburban location. In this situation, most employees would appear to have three alternatives:

- 1) Quit his job and seek other employment in the downtown area,
- 2) Keep his job and move closer to his new place of work,
- 3) Keep his job and accept the changed pattern of commuting.

The study examined those employees who quit and those who kept their jobs with respect to demographic and job-related variables. The QUIT sample was divided into two sub-samples on the basis of whether the decision quit was a result of relocation (QUIT-R) or other reasons

(QUIT-NR). Those who quit because of relocation represented 26.7 per cent of the QUIT sample. The QUIT-R subjects were found to be very similar to the STAYS on the demographic and job-related variables examined. No significant differences were found between the samples with respect to age, sex, marital status, education, length of employment and job satisfaction. Neither availability of accommodation in the area of the new hospital nor the availability of alternate employment appeared to play significant roles in the decision to quit. There seemed to be a trend, however, for subjects with less 'need' for the job to be more likely to resign, but this difference was not statistically significant. The only variable on which a statistical difference appeared between the samples was difficulty of travel, especially in terms of increased distance to work.

No significant differences were found between STAY and QUIT-NR samples with respect to sex, marital status, education, travel difficulty or 'need' for the job. The QUIT-NR's, however, were found to be significantly younger, employed for a shorter length of time and were less satisfied with their jobs.

Results of the study would seem to indicate that the QUIT-NR subjects would have been lost to the hospital regardless of relocation, but that turnover among QUIT-R

subjects could have been substantially reduced by increased efforts on the part of hospital administration to reduce travel difficulty (eg., express bus).

The findings of the study are supplemented by an analysis of voluntary comments supplied by many of the subjects who completed the questionnaire. Comments were arbitrarily assigned to positive and negative categories, with the majority falling in negative categories.⁴⁴ Ten of the QUIT-R subjects (43.9 per cent) provided additional comment (see Table 37). As might be expected, the majority of negative comments from this group (66.7 per cent) referred to difficulty of travel.

Forty of the QUIT-NR subjects (63.5 per cent) provided additional comment (see Table 38). Of the negative comments, 13.9 per cent referred directly to the relocation (difficulty of travel) while 36.1 per cent referred to the peripheral⁴⁵ changes resulting from the relocation (eg., poor atmosphere, understaffed, lack of

⁴⁴90 per cent of the comments from both QUIT-R and QUIT-NR subjects were negative, while 80 per cent of the STAY subjects comments were in this category.

⁴⁵Comments included in this category include all peripheral changes which could be identified as specifically related to relocation. Other comments appeared to be related to both general administration and relocation. Since the relative importance of relocation to these comments could not be established, they were not included. Thus, the findings are very conservative.

communication). In other words, 50.0 per cent of those subjects who were defined by the study as resigning for reasons other than relocation, likely were effected to some degree by the relocation or its peripheral consequences. Therefore, the 26.7 per cent of the resignations identified by the study as resulting from relocation is likely a very conservative estimate.

TABLE 37

ADDITIONAL COMMENTS FROM QUIT-R SUBJECTS

Negative (N=9)	
Understaffed, too many "chiefs"*	11.1 (1)**
Poor atmosphere, lack of communication*	0.0 (0)
Employee relations, administration, supervision	11.1 (1)
Administrative policy (eg., scheduling of shifts)	0.0 (0)
Relocation (eg., distance, bus service)***	66.7 (6)
Other (eg., low pay, religious orientation)	11.1 (1)
Positive (N=1)	
Hospital was good for the area	100.0 (1)

*Comments related to peripheral changes

**Actual number of comments in each category
are shown in brackets

***Comments directly related to relocation.

Eighty (37.6 per cent) of the STAY subjects also provided additional comments on the questionnaire (see Table 39). Of the negative comments, 23.4 per cent referred directly to relocation (difficulty of travel) while 64.1 per cent referred to the peripheral changes associated with the move. In other words, 87.5 per cent of the negative comments made by STAY subjects, or 26.3 per cent of total STAY replies indicated adverse reaction to the relocation and/or its' peripheral consequences more than two years after the move. The nature and strength of some of the comments further indicate the degree of this reaction and may indicate that the relocation will have long term effects on morale and possibly turnover.

The study further examined differences between employees who remained at the hospital and moved closer and those who remained employed but didn't move. Support was found for the hypothesis that employees who moved would be younger and more likely to be single. Additionally, employees who moved had lived significantly closer to the old hospital and faced a greater increase in travel difficulty after relocation. Significantly, more of the MOVES earned a larger percentage of the family income and occupied rented accommodation. The length of residence in their home at the time of the move was significantly

TABLE 38

ADDITIONAL COMMENTS FROM QUIT-NR SUBJECTS

Negative (N=36)	
Understaffed, too many "chiefs"*	11.1 (4)**
Poor atmosphere, lack of communication	25.0 (9)
Employee relations, administration, supervision	25.0 (9)
Administrative policy (eg., scheduling of shifts)	11.1 (4)
Relocation (eg., distance, bus service)***	13.9 (5)
Other (eg., low pay, religious orientation)	13.9 (5)
Positive (N=4)	
Hospital was good for the area	75.0 (3)
Improved facilities	25.0 (1)

*Comments related to peripheral changes

**Actual number of comments in each category
are shown in brackets

***Comments directly related to relocation.

shorter than for the NOT MOVES. No significant differences were found between the groups with respect to sex, education, and length of employment. Although no significant differences were found between the two groups with respect to job satisfaction at the old hospital or change in job

TABLE 39

ADDITIONAL COMMENTS FROM STAY SUBJECTS

Negative (N=64)		
Understaffed, too many "chiefs"*	14.1	(9)**
Poor atmosphere, lack of communication*	37.5	(24)
Employee relations, administration, supervision	12.5	(8)
Administrative policy (eg., scheduling of shifts)	0.0	(0)
Relocation (eg., distance, bus service)***	23.4	(15)
Poor layout of facilities (eg., parking)	12.5	(8)
Positive (N=16)		
Hospital was good for the area	12.5	(2)
Improved facilities*	37.5	(6)
Better working conditions*	6.3	(1)
Relocation (eg., better driving conditions*** better community setting)	43.8	(7)

*Comments related to peripheral changes

**Actual number of comments in each category
are shown in brackets

***Comments directly related to relocation

satisfaction, the MOVES were significantly less satisfied at the new hospital than were the NOT MOVES. Availability of alternate employment and accommodation nearer to the

new hospital did not appear to be important factors in the decision to move. The significant factors here would all appear to contribute to greater mobility or freedom to move.

LIMITATIONS OF THE PRESENT STUDY AND IMPLICATIONS FOR FURTHER RESEARCH

A general lack of research in this area made it extremely difficult to identify relevant variables for inclusion in the study. Burt's study provided some guidance but limitations mentioned earlier (a lack of clearly reported statistical findings; failure to distinguish between those who quit because of the relocation and those who quit for other reasons) precluded the formulation of specific hypotheses with respect to many of the variables.

One of the most obvious limitations of the present study was the low percentage of returns, particularly from the QUIT sample. Two factors appeared to contribute to this. The use of a mailed questionnaire made participation in the study purely voluntary and subsequently made it difficult to ensure that the sample obtained was highly representative of the population being sampled. Although the representativeness

of the sample was checked with respect to some of the major demographic variables using information from personnel files, it was not possible to do this with respect to such variables as reason for resignation and job satisfaction. The use of a mailed questionnaire also resulted in difficulty in interpretation of instructions for some items which rendered data for these questions, were quite meaningless.

The second factor which contributed to the low percentage of returns was the two years time lapse between the relocation of the hospital and the undertaking of the study. After such a time lag, it was not possible to contact some members of the QUIT sample and it also seems likely that employees' interest in the relocation may have declined over this period. Another problem associated with such a time lag would be a possible shifting of attitudes decreasing the reliability of some of the findings.

One way of overcoming some of these problems mentioned above would be the use of structured interviews or personally administered questionnaires. The study should be undertaken in conjunction with the decision to relocate to avoid the problems associated with a long time lag. These steps should help ensure a higher percentage of returns (particularly for the

QUIT sample) increasing the probability of obtaining a more representative sample.

Another problem encountered in the present study was the inadequacy of some of the measures (eg., job satisfaction, travel difficulty, "need"). It is evident that more research is required to ensure that such variables can be measured in a meaningful manner.

Structural changes in the hospital's organization also occurred in conjunction with the relocation. However, the relocation also involved expansion and it was not possible to assess whether the organizational changes which occurred were related to relocation, expansion or both. In the present study, the researcher was not aware of the organizational changes which had occurred until indications of these changes on the returned questionnaires led to further investigation. As these changes were not examined directly by the questionnaire, it was difficult, in the present study, to separate the consequences of these changes from the consequences of relocation. In future research, any organizational changes should be identified apriori to allow for direct examination in the study.

Other limitations are related to the fact that the study was concerned with the relocation of a hospital.

This is a highly specific type of institution which has a high proportion of female employees. Thus, it may not be possible to generalize the findings to industries where the workforce is largely male. Additionally, a large number of employees are semi-skilled individuals (eg., CNA, CNO) whose training is not highly transferable. Also, somewhat unique to a hospital setting, are the hierarchical problems associated with the composition of the workforce. This makes it difficult to generalize the findings of the present study to other industries. Replication of studies of this nature in other settings is an important step in fully understanding the effects of relocation on turnover.

Although the findings of the present study must be regarded as inconclusive for the reasons mentioned above, this study has served to identify some of the major problems involved in research in this area. It has further served to delineate some of the important variables on which future research in this area might focus.

BIBLIOGRAPHY

- Adams, Leonard P., and Mackesey, Thomas W. Commuting Patterns of Industrial Workers, Cornell University Press, 1955.
- Brayfield, A. H. and Crockett, W. H. "Employee Attitudes and Employee Performance," Psychological Bulletin, LII (1955), j, pp. 396-414.
- Burt, J. Everett, Jr. "Labour Supply Characteristics of Route 128 Firms," Research Report No. 1 - 1958. Federal Reserve Bank of Boston, 1958.
- _____. "Workers Adapt to Plant Relocation in Suburbia." Monthly Labour Review, XCI (1968), pp. 1-5.
- "Employee Transfer." Personnel Journal, XLIV (1965), pp. 564-65.
- Ferguson, George A. Statistical Analysis in Psychology and Education. New York: McGraw-Hill Book Company, Inc., 1959.
- Herzberg, F.; Mausner, B.; Petersen, R. O.; and Capwell, Dora F. Job Attitudes: Review of Research and Opinion. Pittsburgh: Psychological Service of Pittsburgh, 1957.
- Lyons, T. F. "Review of Attitudes and Turnover." Unpublished manuscript, Ann Arbor, Michigan, 1966.
- _____. Nursing Attitudes and Turnover. Ames, Iowa: Industrial Relations Center, Iowa State University, 1966.
- Nie, N. H.; Bent, D. H.; and Hull, C. H. Statistical Package for the Social Sciences. Toronto: McGraw-Hill Company, 1970.
- Siegel, Sidney. Nonparametric Statistics for the Behavioural Sciences. New York: McGraw-Hill Book Company, 1966.

Turabian, Kate L. A Manual for Writers of Term Papers, Theses, and Dissertations, 3rd ed. Chicago: The University of Chicago Press, 1967.

Vroom, Victor H. Work and Motivation. New York: John Wiley and Sons, Inc., 1964.

"When the Office Moves from City to Suburb." The Office, LXXI (June, 1970), pp. 25-28.



FACULTY OF BUSINESS ADMINISTRATION AND COMMERCE

THE UNIVERSITY OF ALBERTA
EDMONTON 7, CANADA

May 12, 1971

Dear

You are being asked to participate in a study to determine some of the effects of the relocation of the Misericordia Hospital on it's employees. Your cooperation in filling out the enclosed questionnaire is necessary for the successful completion of this study. The study is being carried out as a research project in the Master of Business Administration program at the University of Alberta. The answers you provide will be kept strictly confidential and will be seen only by the researcher. Please do not write your name anywhere on the questionnaire.

In some questions the alternatives you have to choose from may not exactly describe your situation. Please select the answer which best describes your situation. It is important that you answer all of the questions. Space is provided at the end of the questionnaire for any comments you may wish to make about the questions or about the relocation itself.

Please insert your completed questionnaire in the stamped envelope provided and return as soon as possible.

Thank you for your cooperation.

Yours truly,

George A. Knight,
Graduate Studies.

GAK:1b

Encl.

1. What was your highest educational level attained?

Elementary School (grades 1-6)	_____
Junior High School (grades 7-9)	_____
Some High School	_____
Complete High School	_____
Some Technical or Vocational School	_____
Complete Technical or Vocational School	_____
Nurses Aide Training (CNA)	_____
Orderly Training (CNO)	_____
Some University	_____
Bachelor Degree	_____
Masters Degree	_____
Nurses Training (RN) other than university	_____

2. Please indicate the amount of time you spent working at each of the following since leaving school.

Total time you have worked	_____ years	_____ months
Total time spent working in hospitals	_____ years	_____ months
Total time you worked at the Misericordia	_____ years	_____ months

3. Were you the sole income earner in your family, at the time the Misericordia moved?

Yes _____ No _____

4. If you answered no to question 3, what percentage of total family income did you earn?

_____ %

5. How many children, or other dependents, depended upon you for support at the time of the move of the Misericordia Hospital?

_____ dependents

6. What type of accommodation did you have when you worked at the old Misericordia Hospital?

My own home _____

A rented home _____

A suite or apartment _____

A room only _____

Room and board _____

Lived with my parents _____

Lived in hospital residence _____

7. How long had you lived in that residence, up to July 1969?

_____ years _____ months

8. How long had you lived in that area of the city, up to July 1969?

_____ years _____ months

9. Did you look for accommodation nearer to the new Misericordia Hospital?

No, I did not consider moving _____

I thought about moving, but
did not look _____

I looked, but only casually _____

I looked very hard _____

10. If you looked for accommodation closer to the new Misericordia Hospital please indicate what type you were looking for.

A house to buy _____

A house to rent _____

An apartment or suite _____

A room only _____

Room and board _____

11. Please indicate how available this type of accommodation was in the area of the new Misericordia Hospital.

There was none available _____

Some was available, but none was suitable _____

Suitable accommodation was available, but
it was too expensive _____

Suitable accommodation was available _____

12. Did you own a car at the time of the move of the Misericordia, or have a car available to drive yourself to work?

Yes _____ No _____

13. How did you usually get to work at the old Misericordia?

My own car _____

Car pool _____

Bus _____

Walked _____

Other (please specify) _____

14. How far did you live from the old Misericordia Hospital?

_____ blocks

15. On the average, how long did it take you to get to work at the old Misericordia?

_____ minutes

16. How far did you live from the new Misericordia Hospital?

_____ blocks

17. If you used the bus to get to work at both the new and old Misericordia Hospitals, please indicate your feelings as to the quality of service provided. Was the service to the new hospital at the time of the move --

Much better than to the old hospital _____

A little better than to the old hospital _____

About the same _____

A little poorer than to the old hospital _____

Much poorer than to the old hospital _____

18. Did you look for another job after learning that the Misericordia Hospital would be moved?

Yes, I began looking immediately (any time up to three months after learning of the move) _____

Yes, I began looking about one or two months before the move was to be made _____

Yes, I began looking less than one month before the move was to be made _____

Yes, I began looking after the move was made _____

No, I did not look at all _____

19. If you looked for another job, how available were they? Please consider only those which you would have considered suitable.

Many jobs were available _____

A few jobs were available _____

No jobs were available _____

20. What type of work were you seeking?

Same or similar a) in a hospital _____

b) not in a hospital _____

c) either of above _____

Different type a) in a hospital _____

b) not in a hospital _____

c) either of above _____

Any kind of work in any kind of business _____

The following questions refer to your feelings about the job you held at the old Misericordia at the time of the move of the hospital.

21. Please indicate which statement best describes your feelings about your job at the old Misericordia.

I was very satisfied with my job _____

I was fairly well satisfied with my job _____

I was neither satisfied nor dissatisfied,
it was just an average job _____

I was a little dissatisfied with my job _____

I was very dissatisfied with my job _____

22. Please indicate which statement best describes your feelings about your supervisor at the old Misericordia.

I was very satisfied with my supervisor _____

I was fairly well satisfied with my supervisor _____

I was neither satisfied nor dissatisfied, he (she)
was just average _____

I was a little dissatisfied with my supervisor _____

I was very dissatisfied with my supervisor _____

23. Please indicate which statement best describes your feelings about your fellow workers at the old Misericordia.

I was very satisfied with them _____

I was fairly satisfied with them _____

I was neither satisfied nor dissatisfied, they
were just average _____

I was a little dissatisfied with them _____

I was very dissatisfied with them _____

24. At the old Misericordia Hospital I was employed as _____

_____.

Part B -1

1. Did you move closer to the new Misericordia Hospital?

Yes _____ No _____

2. If you moved how far are you from the new Misericordia Hospital now?

_____ blocks

3. How long does it take you to get to work at the new Misericordia?

_____ minutes

4. If you did not move, how long does it take you to get to work at the new Misericordia?

_____ minutes

5. How do you get to work now?

My own car _____

Car pool _____

Bus _____

Walk _____

Other (please specify) _____

6. Please indicate the statement which best describes your present situation.

I am doing the same or similar work as I had at the _____
old Misericordia Hospital

I have been promoted to a better job, than I had at the _____
old Misericordia Hospital

The job I have now is not as good as the one I had at _____
the old Misericordia Hospital

Questions 7-9 refer to your feelings about the job you now have at the new Misericordia Hospital.

7. Please indicate which of the following best describes your feelings about your present job at the new Misericordia.

I am very satisfied with my job _____

I am fairly well satisfied with my job _____

I am neither satisfied nor dissatisfied,
it is just an average job _____

I am a little dissatisfied with my job _____

I am very dissatisfied with my job _____

8. Please indicate which statement best describes your feelings about your present supervisor at the new Misericordia.

I am very satisfied with my supervisor _____

I am fairly well satisfied with my supervisor _____

I am neither satisfied nor dissatisfied,
he (she) is just average _____

I am a little dissatisfied with my
supervisor _____

I am very dissatisfied with my supervisor _____

9. Please indicate which statement best describes your feelings about your fellow workers at the new Misericordia.

I am very satisfied with them _____

I am fairly satisfied with them _____

I am neither satisfied nor dissatisfied,
they are just average _____

I am a little dissatisfied with them _____

I am very dissatisfied with them _____

10. If everything else was equal, which hospital do you think you would be happiest working in?

The new Misericordia Hospital _____

The old Misericordia Hospital _____

They were about the same _____

11. Did the location of the new Misericordia Hospital have any affect on your answer to question 10?

Very much _____

Some _____

None _____

Any additional comments you may wish to make in regards to the type of questions asked in this questionnaire or in regards to the relocation itself, would be welcomed.

1. Please indicate the main reason for your resignation from the Misericordia Hospital.

Moving of the hospital _____

Return to school _____

To travel _____

To be married _____

Moved away from Edmonton _____

Pregnancy _____

Health problems (your health only) _____

Family problems (illness in family, marital, etc.) _____

To take a better job _____

In what way was the job better? _____

Other (please specify) _____

2. To what extent did the moving of the hospital affect your decision to resign?

I would definitely have resigned even if the hospital had not been relocated _____

I probably would have resigned even if the hospital had not been relocated _____

The relocation played no part in my decision to resign _____

I probably would not have resigned if the hospital had not been relocated _____

I definitely would not have resigned if the hospital had not been relocated _____

3. Please indicate which of the following best describes your situation at the time of the move.

I had another job to go to immediately after resigning _____

I found another job less than one month after resigning _____

I found another job less than three months after resigning _____

I did not look for another job _____

4. Please indicate which of the following best describes your work history since leaving the Misericordia.

I have been steadily employed _____

I have worked, but only when work was available _____

I worked for awhile, but am now retired _____

I have been unemployed ever since leaving the Misericordia because no work was available _____

I have been retired ever since leaving the hospital (have not looked for work) _____

Questions 5 to 7 refer to your feelings about your present job or the last job you held since leaving the employment of the Misericordia.

5. Please indicate which statement best describes your feelings about your job.

I am very satisfied with my job _____

I am fairly well satisfied with my job _____

I am neither satisfied nor dissatisfied, it is just an average job _____

I am a little dissatisfied with my job _____

I am very dissatisfied with my job _____

6. Please indicate which statement best describes your feelings about your supervisor.

I am very satisfied with my supervisor _____

I am fairly well satisfied with my supervisor _____

I am neither satisfied nor dissatisfied, he (she) is just average _____

I am a little dissatisfied with my supervisor _____

I am very dissatisfied with my supervisor _____

7. Please indicate which statement best describes your feelings about your present fellow workers.

I am very satisfied with them _____

I am fairly satisfied with them _____

I am neither satisfied nor dissatisfied, they are just average _____

I am a little dissatisfied with them _____

I am very dissatisfied with them _____

8. If you worked at the new Misericordia Hospital for a while before resigning, how long did it take you to get to work?

_____ minutes

9. If you did not work at the new Misericordia Hospital at all, please estimate how long it would have taken you to get to work?

_____ minutes

10. I am now employed as _____

Any additional comments you may wish to make in regards to the type of questions asked in this questionnaire or in regards to the relocation itself, would be welcomed.

B29994